

APPENDIX A

Form DA-23 7/07

(Check box(es) where applicable)

AIRCRAFT ACCIDENT/INCIDENT REPORT

New Jersey Department of Transportation Division of Aeronautics 1035 Parkway Ave., P.O. Box 610 Trenton, NJ 08625						REGISTRATION MARK N -		DATE OF ACCIDENT				
1. LOCATION	CITY OR PLACE, STATE					ELEVATION FT.	LOCAL TIME ZONE		A.M. P.M.			
	If accident occurred on approach or takeoff at an airport give the following information:											
	ON AIRPORT? [] YES [] NO	NAME OF AIRPORT		MAGNETIC BEARING FROM NEAREST AIRPORT DEGREES: MILES:		RUNWAY DIRECTION: LENGTH:	Type of Surface & Condition					
2. AIRCRAFT DATA	AIRCRAFT MAKE & MODEL		SERIAL NO.	TOTAL TIME AIRCRAFT	ENGINE MAKE AND MODEL		T.S.O ⇒	#1 ENGINE	#2 ENGINE			
	DATE OF LAST ANNUAL/ PROGRESSIVE INSPECTION		TIME SINCE LAST 100 HOUR INSPECTION:	CATEGORY OF CERTIFICATE								
				[] NORMAL [] RESTRICTED		[] UTILITY [] EXPERIMENTAL		[] ACROBATIC [] OTHER (SPECIFY)				
	NAME AND ADDRESS OF OWNER OR OPERATOR				RELEASE WRECKAGE TO (Name & Address)							
3. PURPOSE OF FLIGHT AND TYPE OF OPERATION	[] SCHEDULED AIR TAXI [] CARGO [] BUSINESS TRANSPOR. [] CROSS COUNTRY [] PLEASURE/PERSONAL TRANSPORTATION [] AERIAL APPLICATION CROP CONTROL											
	[] NON-SCHEDULED AIR TAXI [] PASSENGER [] CORPORTATE/EXEC. [] LOCAL [] FERRY [] INSTRUCTIONAL											
	[] MAIL CONTRACT		OTHER PURPOSE (Specify)						TYPE OF OPERATOR			
4. PILOT CERTIFICATE DATA	PILOT NAME		CERTIFICATE NO.	NATIONALITY OF PILOT		MEDICAL CERTIFICATE						
						DATE OF ISSUE		[] BY FAA [] OTHER (Specify)				
	[] AIRLINE TRANSPORT [] COMMERCIAL [] FLIGHT INSTRUCTOR [] PRIVATE [] STUDENT [] OTHER (Specify)		[] AIRPLANE [] HELICOPTER [] GYROPLANE [] GLIDER [] INSTRUMENT	[] MULTI ENGINE LAND [] SEA [] SINGLE ENGINE LAND [] SEA		CLASS [] 1 [] 2 [] 3		DATE OF BIRTH				
				TYPE RATINGS OR STUDENT ENDORSEMENT		LIMITATIONS						
5. PILOT FLIGHT TIME (In hours)	TIME		LAST 24 HOURS			LAST 90 DAYS			TOTAL TO DATE			
			DUAL	SIC	PIC	DUAL	SIC	PIC	DUAL	SIC	PIC	TOTAL
	A. THIS MAKE & MODEL											
	B. NIGHT - ALL MAKES											
	C. DAY - ALL MAKES											
	D. INSTRUMENT	ACTUAL										
		SIMULATED										
	SOURCE OF FLIGHT TIME INFORMATION		E. SINGLE ENGINE FIXED WING									
	[] PILOT FLT. LOG		F. MULTI ENGINE FIXED WING									
	[] OPERATOR'S EST.		G. GLIDER									
	[] FAA RECORDS		H. HELICOPTER									
	[] OTHER (Specify)		I. GYROPLANE									
		J. (Sum of lines E, F, G, H, I) TOTAL										
6. SECOND PILOT CERTIFICATE DATA	SECOND PILOT NAME		CERTIFICATE NO.	NATIONALITY OF PILOT		MEDICAL CERTIFICATE						
						DATE OF ISSUE		[] BY FAA [] OTHER (Specify)				
	[] AIRLINE TRANSPORT [] COMMERCIAL [] FLIGHT INSTRUCTOR [] PRIVATE [] STUDENT [] OTHER (Specify)		[] AIRPLANE [] HELICOPTER [] GYROPLANE [] GLIDER [] INSTRUMENT	[] MULTI ENGINE LAND [] SEA [] SINGLE ENGINE LAND [] SEA		CLASS [] 1 [] 2 [] 3		DATE OF BIRTH				
				TYPE RATINGS OR STUDENT ENDORSEMENT		LIMITATIONS						

	TIME	LAST 24 HOURS			LAST 90 DAYS			TOTAL TO DATE							
		DUAL	SIC	PIC	DUAL	SIC	PIC	DUAL	SIC	PIC	TOTAL				
7. SECOND PILOT FLIGHT TIME (In hours)	A. THIS MAKE & MODEL														
	B. NIGHT— ALL MAKES														
	C. DAY— ALL MAKES														
	D. INSTRUMENT	ACTUAL													
		SIMULATED													
	SOURCE OF FLIGHT TIME INFORMATION:		E. SINGLE ENGINE FIXED WING												
	[] PILOT FLT. LOG		F. MULTI ENGINE FIXED WING												
	[] OPERATORS EST.		G. GLIDER												
	[] FAA RECORDS		H. HELICOPTER												
	[] OTHER (Specify)		I. GYROPLANE												
			J. (Sum of lines E. F, G, H, I) TOTAL												
8. PERSONNEL (List all on board, also persons injured on ground)	NAME OF PERSONNEL			ADDRESS AND SEAT OCCUPIED				NON-OCCUPANT	DEGREE OF INJURY						
									FATALITY	SERIOUS	MINOR	NONE			
	PILOT														
	OCCUPATION			[] FRONT [] REAR [] LEFT [] RIGHT											
	PILOT														
	OCCUPATION			[] FRONT [] REAR [] LEFT [] RIGHT											
	NUMBER OF PERSONS ABOARD AIRCRAFT			NUMBER OF NON-OCCUPANTS INJURED			TOTAL ⇒								
9. COLLISION ACCIDENT	If collision accident, complete this item on other aircraft: (If additional space is required, attach a supplemental sheet, identify data by item no.)														
10. WEATHER AT ACCIDENT SITE	MAKE AND MODEL			REGISTRATION MARK			DAMAGE								
				N-			[] DEMOLISHED [] SUBSTANTIAL [] MINOR [] NONE								
	SOURCE OF INFORMATION (W.B., witness, etc.)			SKY COVER			WIND								
				[] CLEAR [] CEILING AT _____ FT.			DIRECTION _____								
				[] SCATTERED AT _____ FT.			VELOCITY _____ KTS. GUSTS _____ KTS.								
11. FLIGHT PLAN Information	TURBULENCE (In flight)			LIGHT CONDITIONS			VISIBILITY			ALTIMETER SETTING					
	[] NONE [] MODERATE [] EXTREME			[] DAWN/DUSK [] BRIGHT NIGHT			_____ MILES			_____ HG.					
	[] LIGHT [] SEVERE			[] DAYLIGHT [] DARK NIGHT											
12. MECHANICAL FAILURE/ MAL-FUNCTION	WEATHER CONDITIONS AND RESTRICTIONS TO VISIBILITY			TEMP (°F)			DEW POINT (°F)								
	[] FOG [] SMOKE [] THUNDERSTORM [] SNOW [] FREEZING RAIN			[] HAZE [] RAIN [] HAIL [] SLEET [] ICING CONDITIONS											
	FLIGHT PLAN FILED?			IF WEATHER WAS INVOLVED, STATE IF WEATHER BRIEFING WAS OBTAINED OR IF WEATHER REPORTS WERE CHECKED AND HOW ACCOMPLISHED											
12. MECHANICAL FAILURE/ MAL-FUNCTION	[] YES [] NO (IF "YES," LIST THE NAME OF THE PART, MANUFACTURER, PART NUMBER, SERIAL NUMBER, ETC.)														
	FUEL ON BOARD AT LAST TAKEOFF			DEPARTURE POINT			TIME OF DEPARTURE			TOTAL TIME					
	GALS. GRADE									AT OVERHAUL ON PART					
OTHER SERVICE, IF ANY. PRIOR TO DEPARTURE															

13. HISTORY OF FLIGHT	DESCRIBE WHAT HAPPENED IN CHRONOLOGICAL ORDER. THE CIRCUMSTANCES LEADING TO ACCIDENT AND NATURE OF ACCIDENT. DESCRIBE THE TERRAIN AND INCLUDE A SKETCH OF WRECKAGE DISTRIBUTION IF PERTINENT. ATTACH AN EXTRA SHEET IF MORE SPACE IS NEEDED. STATE POINT AND TIME OF DEPARTURE, INTENDED DESTINATION AND SERVICES OBTAINED.			
14. DAMAGE TO AIRCRAFT AND OTHER PROPERTY	DEGREE OF AIRCRAFT DAMAGE [] DEMOLISHED [] SUBSTANTIAL [] MINOR [] NONE		FIRE [] YES [] INFLIGHT [] NO [] ON GROUND [] NONE	EST. COST OF REPAIRS \$
	DESCRIPTION OF DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
15. RECOMMENDATIONS (How could this accident have been prevented?)	OPERATOR/OWNER SAFETY RECOMMENDATIONS (Optional entry)			
I HEREBY CERTIFY that the above information is complete and accurate to the best of my knowledge.				
DATE OF THIS REPORT	SIGNATURE OF PERSON MAKING REPORT			TITLE
FOR OFFICIAL USE ONLY				
ACCIDENT NO.	INVESTIGATED BY	REVIEWED BY	DATE RECEIVED	